

[ATTORNEY'S NAME] or DOC heading  
SPECIAL ASSISTANT ATTORNEY GENERAL  
MONTANA DEPARTMENT OF CORRECTIONS  
1539 Eleventh Avenue  
Post Office Box 201301  
Helena, MT 59620-1301  
(406) 444-3905 - Telephone  
(406) 444-1494 - Facsimile  
[attorney's email address]

ATTORNEY FOR THE STATE

MONTANA [district #] JUDICIAL DISTRICT YOUTH COURT, [county] COUNTY

IN THE MATTER OF:  [name of youth], A YOUTH	CAUSE NO. [cause #]  MOTION FOR INCOME WITHHOLDING ORDER
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COMES NOW Special Assistant Attorney General [attorney's name] on behalf of the Department of Corrections Youth Services Division ("DOC") and moves this Court for an income withholding order pursuant to [parent's name]'s Voluntary Withholding Authorization dated [month and day], 20[year], a copy of which is attached hereto.

DATED this [date] day of [month], 20[year]

Respectfully submitted,

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[attorney's name]  
Special Assistant Attorney General

I hereby certify that the foregoing was duly served upon the following by mail, hand delivery, Federal Express or facsimile transmission:

Public Defender  
[insert address]

In the matter of [insert youth name] Cause No. [cause #]  
Motion for Income Withholding

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Youth Court Services  
[insert address]

Parent(s)  
[insert address]

RAO [insert RAOs Name]  
[insert address]

- ☐ U.S. mail
- ☐ Federal Express
- ☐ Hand delivery
- ☐ Facsimile transmission

DATED this [date] day of [month], 20[year].

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[RAOs Name]  
Regional Administrative Officer